MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: June 3, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Right Knee Genicular Nerve Block; 64450 and 77002

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a physician who holds a board certification in Physical Medicine and Rehabilitation and is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a female who was injured on XX/XX/XX when her right foot got stuck in a XXXX while turning around causing her to fall onto the left side and injurying multiple body areas. The claimant has been treated with conservative care including medications, physical therapy, back injections, aquatic therapy, stretching/strengthening exercises, and home exercise program. The claimant medication treatment includes Norco, Duloxetine HCL, Methocarbamol, Hydrocordone-Acetaminophen, Temazepam, Tramadol HCL, Celecoxib, Gabapentin, Ibuprofen, Esomeprazole Magnesium, Meloxicam, Torsemide and Acetaminphen-Codeine.

MRI of the right knee dated XX/XX/XX showed, “moderate to large effusion. Moderate to marked degenerative changes at the medial femorotibial compartment. Slight degenerative changes at the patella femoral compartment and lateral tibiofemoral compartment. Irregular complex tear with medial extrusion of the medial meniscus. Grade I strain of the MCL. Diffuse varicose veins noted.” MRI of the right knee dated XX/XX/XX showed, “findings suggestive of postoperative changes since prior examination. Large-sized joint effusion. Advanced marked degenerative changes at the medial femorotibial compartment and slightly at the patellafemoral compartment and lateral femorotibial compartment. Grade I strain at the MCL. No significant abnormality or other significant interval change from prior study.”

The claimant underwent a right total knee arthroplasty with a stryker component on XX/XX/XX.

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A most recent progress note dated XX/XX/XX indicates that the claimant presented with back pain. She saw XX and was hopeful her pain will be improved with the right knee RFA, if work comp approves this procedure. The was made worse with sitting, standing, bending, and lying down and pain was made better with medication. The pain was rated 6/10 with medications and 8/10 without medications. The claimant has stabbing, numbness, and aching on the right knee. Physical exam showed antalgic gait and moderate, localized tenderness about the anterior and about the medial aspect of the right knee. The claimant was diagnosed with chronic back pain, chronic pain syndrome, right anterior knee pain, girth abnormality, and status post total knee replacement, unspecified laterality. XX recommended right knee fluoroscopically guided genicular nerve blocks in four places innervating the knee joint (superior medial, superior lateral and inferior medial genicular nerves), to assess the claimant's candidacy for a percutaneous watercooled radiofrequency ablation, in which longer knee pain relief could be achieved from the osteoarthritic knee joint mediated pain.

Prior UR denied the request of right knee genicular nerve block (64450 and 77002). It was noted that "as per ODG guidelines, genicluar nerve block is recommended only for evaluation and treatment of neuromas, but not genicular nerves (arthritis, post-TKA). The purpose of performing a diagnostic injection or block of any nerve around the knee would be to access whether marked pain relief occurs. It could be accompanied with cortisone which could be potentially therapeutic. XX reports excellent anecdotal experience of pain relief following gene ulnar nerve block in post-TKA patients. However, there are no published articles cited in this appal or available for review in the ODG. Therefore, in the absence of evidence of effectiveness of this procedure in post-TKA patients, therefore this request is not medically necessary."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This XX-year-old claimant has chronic pain in the right knee status post total knee arthroplasty. The claimant's treating provider, XX, recommended right knee genicular nerve block as a diagnostic procedure, and if scueesful, intends to proceed with radiofrequency ablation. According to ODG genicular nerve blocks is recommended only for evaluation and treatment of neuromas, but not recommended for genicular nerves (arthritis, post-TKA). There is an absence of evidence-based medicine with large-scale studies, longer follow-up periods and to track any long-term adverse effects to support that this procedure is effective. There are no current literature supporting genicular nerve blocks for chronic knee arthritic pain. Based on the review of records provided, there are no extenuating circumstances to support the medical necessity of this request.

Therefore, based on the ODG (Official Disability Guidelines) as well as the clinical documentation stated above, the request of right knee genicular nerve block is not medically necessary and appropriate.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Knee & Leg (Acute & Chronic) - Online Verson Accessed XX/XX/XX
Nerve block
Recommended only for evaluation and treatment of neuromas, but not for genicular nerves (arthritis, post-TKA). The purpose of performing a diagnostic injection or block of any nerve around the knee would be to assess whether marked pain relief occurs. It could be accompanied with cortisone which could potentially be therapeutic. In the case of the genicular nerves, such blocks have been requested primarily to argue for unproven treatments like neurotomy, ablation, or neurectomy, and these are not recommended due to lack of sufficient evidence. See Nerve excision (following TKA); Neurotomy;Radiofrequency neurotomy (of genicular nerves in knee).

Genicular nerve block
Not recommended. See Nerve block; Radiofrequency neurotomy (of genicular nerves in knee).

Radiofrequency neurotomy (of genicular nerves in knee)
Not recommended. See Neurotomy, which is not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects.

Neurotomy
Not recommended in the knee until higher quality studies with longer follow-up periods are available, to demonstrate the efficacy of neurotomy, but also to track any long-term adverse effects. In one small study RF neurotomy of genicular nerves led to significant pain reduction and functional improvement in elderly patients with chronic knee OA pain who had a positive response to a diagnostic genicular nerve block, but they concluded that further trials with a larger sample size and longer follow-up were recommended. (Choi, 2011) Radiofrequency (RF) neurotomy of articular nerve branches in the knee (genicular nerves) provides a therapeutic alternative for management of chronic pain associated with osteoarthritis of the knee. While TKA is generally effective for patients with advanced disease, some older individuals with comorbidities may not be appropriate surgical candidates. Radiofrequency neurotomy of genicular nerves has been suggested for chronic knee OA patients with a positive response to diagnostic block. There is also no credible medical evidence to support use of cryoneurolysis techniques around the knee. See also Nerve excision (following TKA). Other terms for neurotomy includeCryoablation; Cryoneurolysis; Cryoanalgesia; Cryoneuromodulation; Cryoneuroablation; Nerve block; Iovera cryoablation; Radiofrequency neurotomy (of genicular nerves in knee).

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.